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CONFIRMATION NO. 9935

<b>SERIAL NUMBER</b> 10/656,085	<b>FILING OR 371(c) DATE</b> 09/05/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> B0751/7032
<b>APPLICANTS</b> Christopher T. Zirps, Sharon, MA; Timothy R. Membrino, Acton, MA; David J. Copeland, Milton, MA; Sean J. Silva, North Reading, MA; Eric Mears, South Bristol, ME; Joseph Logan, Trumbull, CT; Stephen J. Yardan, Branford, CT;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/408,594 09/06/2002 <i>MK</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>MK</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/16/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>MK</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 022832				
<b>TITLE</b> External endoscopic accessory control system				
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	